20-110 MSRDP - Telehealth

BACKGROUND

On March 11, 2020 the Novel Coronavirus Disease, commonly known as COVID-19, was declared a pandemic by the World Health Organization (WHO). Shortly thereafter, a national emergency was declared in the United States concerning the COVID-19 Outbreak. This resulted in an increased need to provide telehealth services to our patients. In response to this urgent need, UT Physicians' (UTP) accelerated the expansion of the outpatient telehealth program with the goal to provide added convenience and flexibility for new and established patients. As a result, our patients have increased opportunities to engage and speak with UTP providers over the telephone or through an online platform like InTouch with two-way interactivity, visuals and audio.

EXECUTIVE SUMMARY

Prior to the pandemic, the UTP Healthcare Transformation Initiatives (HTI) team was in the process of creating an outpatient telehealth program for UTHealth with plans of a phased roll out starting in May with a pilot group of providers and patients. However, once the pandemic began, the roll out timeline for this project was advanced by several months. In order to launch the new program safely and efficiently, the UTP HTI team created a committee consisting of individuals from departments across the institution. This committee consisted of representatives from the Office of Legal Affairs, Revenue Cycle, Medical School Healthcare Billing Compliance, Medical School Information Technology (MSIT), Enterprise Risk Management, Information Security, and several physician leads, who reviewed and referenced multiple regulations including Centers for Medicare & Medicaid Services (CMS), Texas Medical Board, Texas Administrative Code, billing and documentation requirements when designing the program. The committee also updated the UTHealth patient consent form to include language about telehealth encounters.

Each department received a copy of the UTP Telehealth Toolkit, which defined telehealth and the differences between telemedicine and telephonic visits. It also illustrated recommended workflows for scheduling telehealth appointments, best practices to follow for telehealth visits, obtaining patient consent, documenting patient encounters, and submitting charges for the visit type. The UTP HTI team provided training on the InTouch platform and other aspects of the telehealth program through a variety of methods such as webinars, WebEx meetings, and in-person training at clinic locations. The UTP HTI team also created an email account strictly for telehealth questions or concerns, and a telehealth webpage on the UT Physicians website. The webpage includes a live-version of the Toolkit, which is updated as requirements change. An FAQ section, as well as guidelines for employees and patients to follow when participating in COVID-19 testing was also included on the webpage.

Initially, CMS regulations required physicians to conduct telehealth visits while on campus/university property, and as a result, the UTP HTI team created telemedicine hubs. The hub consisted of a room located in a UTP building or on campus and was set up similar to a computer lab with individual stations that included telehealth enabled equipment for physicians to use when performing virtual visits. Shortly thereafter, CMS altered their requirements to allow physicians to perform these visits from any secure

location. The decision of where providers were required to be located when performing these visits was left up to department leadership.

Although regulations were relaxed to allow various types of telehealth platforms, the UTP HTI team strongly recommended departments use one of the two approved and HIPAA compliant telehealth platforms, InTouch or Zoom when performing telehealth appointments. Providers and clinical staff access the InTouch platform by visiting the designated InTouch web address for UTHealth users. Providers are permitted to use their personal devices as they are accessing the platform through a single sign-on. In an effort to mitigate risk, each month MSIT pulls a current list of InTouch users and enters the list into a program to run against the institution's Active Directory. This process pinpoints InTouch users who are no longer in Active Directory and need to be removed from InTouch. For Zoom, providers access the platform through the Zoom Client application that has been downloaded on their computer. The encryption feature is activated for both platforms.

Clinical staff and/or providers review the provider's schedule a week in advance to identify patients who are eligible for telemedicine or telephone visits. The clinical staff work with the patient to ensure they are willing to conduct their visit via telemedicine. If the patient agreed, the employee would verify the patient's telemedicine access including device access. The staff member is instructed to obtain patient consent either through the online consent form in the patient's MYUTP Portal or through verbal consent and to document in Allscripts. The appointment is then converted in GE Centricity Business (GECB) to one of three telehealth appointment types, and the patient and their appointment are created in InTouch. Once the appointment is scheduled in InTouch, the patient will automatically receive an email with a link to the appointment. Alternately, there is also an option for the employee to send this information to the patient via text message. The staff member will also educate the patient on various aspects of a telemedicine visit, including privacy concerns. There is also a telehealth education document for patients available on the UTP public facing website, and includes what to expect during the visit, how to answer questions for the visit, who should be in the room at the time of the visit.

For each telemedicine visit, providers must document the visit occurred via telemedicine, the physical location of the patient and whether they are in the state of Texas, the physical location of the provider, the names of all individuals participating in the visit and their role in the encounter. Although regulations were relaxed to allow providers to perform telehealth services to patients outside of the state of Texas despite the provider not being licensed in that state, UTHealth maintained their requirement that the provider be licensed in the state in which the patient was located during the time of the visit. In order to provide assurance the vital information was obtained, additional fields were included in the documentation section completed by the provider for patient consent. Providers were instructed to include a telemedicine procedure code to the charge sheet for every telehealth encounter regardless of type. This allowed the Revenue Cycle department to identify telehealth appointments easily at the beginning of the pandemic so they could hold all charges from these encounters in a queue until the insurance companies sorted out their requirements. This process resulted in very few denials for UTHealth.

In the event a telemedicine visit is interrupted and either the provider or patient is unable to reconnect to complete the visit, the provider is instructed to contact the patient via telephone. Per CMS guidance, the provider should bill for the type of visit where a majority of the services were delivered, e.g. if most of the services were delivered via telemedicine prior to converting to a telephone visit, or if the bulk of the documentation describes the telemedicine visit then the provider should bill for a telemedicine visit.

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For each telephonic visit, providers must document the patient consented to the consult held via telephone, the names of all individuals participating in the visit and their role in the encounter, the chief complaint or reason for the visit, relevant history, background, and/or results, an assessment, a plan and the next steps, and total time spent on medical discussion. Although Texas HHSC has authorized providers to bill for new patient telephone visits for a period of time, the UTP HTI team recommends conducting new patient visits via telemedicine.

Once the pandemic has concluded and the relaxed regulations have elapsed, the Medical School Healthcare Billing Compliance department will review patient accounts to determine whether the documentation of the encounter completed by the provider supports the billing charges submitted by providers.

We would like to thank the UT Physicians' Healthcare Transformation Initiatives staff and management who assisted us during our review.

Daniel G. Sherman, MBA, CPA, CIA
Associate Vice President & Chief Audit Officer

NUMBER OF PRIORITY FINDINGS REPORTED TO UT SYSTEM
None

MAPPING TO FY 2021 RISK ASSESSMENT

Risk (Rating)	MSRDP processes may not comply with practice plan. (Medium) Is telemedicine service compliant with (changing) Medicare guidelines. (High) Risk we are not using telemedicine in the most efficient manner to ensure we are paid for the services provided. (High) Physicians may need to be credentialed in other states when assisting physicians via telemedicine. (Medium)

DATA ANALYTICS UTILIZED

Data Analytic #1	Not applicable.

AUDITING & ADVISORY SERVICES ENGAGEMENT TEAM

AVP/CAO	Daniel G. Sherman, MBA, CPA, CIA
Audit Manager	Nathaniel Gruesen, MBA, CIA, CISA, CFE
Auditor Assigned	Casandra Wiley

End of Fieldwork Date	August 28, 2020
Issue Date	September 1, 2020

Copies to:
Audit Committee
Dr. Richard Andrassy
Andrew Casas

APPENDIX A
OBJECTIVES, SCOPE PERIOD, & METHODOLOGY

We have completed our audit of the MSRDP – Telehealth process. This audit was performed at the request of the UTHealth Audit Committee and was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing.*

OBJECTIVES
The objective of this audit was to determine whether controls around the newly updated telehealth program are adequate and functioning as intended.

SCOPE PERIOD
The scope period was March 19, 2020 to July 31, 2020.

METHODOLOGY
The following procedures were performed:

- Gained a general understanding of the process to schedule telemedicine and telephonic patient encounters.
- Obtained user access lists for both InTouch and Zoom platforms to verify which departments/clinic locations were participating in telehealth services. Selected a random sample of departments/clinic locations and verified the online Telehealth Request form was completed and approved by the UTP HTI team.
- Obtained a list of Telehealth Request form submissions to determine which departments/clinic locations requested approval and access to perform telehealth services, and the number of providers performing these services. Selected a judgmental sample based on risk analysis and interviewed practice managers from these locations to inquire about implementation of the new telehealth program at their clinic location.
- Obtained a list of telehealth appointments where services were provided during the scope period. Selected a random sample of appointments and verified the scheduling process documented in the UTP Telehealth Toolkit was followed, and patient consent was obtained prior to the telehealth visit. Additionally, determined whether minimum documentation of the visit was completed by the provider as described in the UTP Telehealth Toolkit, and the required telehealth procedure code was included on the charge sheet.

RESULTS
At the time of our review, A&AS noted certain processes documented in the UTP Telehealth Toolkit were not followed for all telehealth appointments within our sample. However, given the currently modified regulations due to the COVID-19 pandemic, we are reporting these issues as information only.

- Telehealth appointments listed as THR in GECB, but a correlated telemedicine appointment was not consistently created in the InTouch platform.
- For one appointment, A&AS was unable to confirm whether patient consent was obtained prior to the encounter due to an incomplete copy of the consent form that was scanned on the patient's record.
- Telehealth appointments were missing one or more provider completed fields when documenting the encounter.
- Telehealth appointments missing the telemedicine code from the encounter form.

- We were unable to confirm whether the telemedicine code was included for all visits due to a missing encounter form.
- A telehealth appointment performed presumably through the Doximity platform due to a handwritten note included by the provider. Doximity is a non-supported platform for telehealth services.